

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

**SERIAL NUMBER**  
097937477

**FILING DATE**  
23 JAN 2002

**APPLICANT(S)**

*All notes*

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	3					
TOTAL DEP.	17					
TOTAL CLAIMS	20					

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